



NEVADA DEPARTMENT OF AGRICULTURE REQUEST FOR TRAVEL ADVANCE



Traveler Information

Name: _____ Social Security #: _____

Official Station: _____

Account Coding

Fiscal Year: _____ Appropriation Unit: _____ Job Code: _____

Travel Information

Departure Date: _____ Return Date: _____

General Purpose of Travel: _____

Estimated Travel Expenses

Description	Quantity	Rate	Total			
Breakfast						
Lunch						
Dinner						
Lodging						
Mileage						
Parking						
Other						
Other						

Total Estimated Travel Expenses _____

Total Travel Advance Requested _____ (Advance cannot exceed estimated expenses)

Traveler Certification:

I hereby request an advance to pay necessary expenses during the above described official state business trip.

By receiving this advance, I agree to the provisions outlined in the State Administrative Manual (including sections 0220 & 0226), and applicable provisions of the Department's Administrative Manual and the following:

1. To file a claim for travel expenses within 5 days after returning from the trip; or if the trip exceeds 10 days in duration, to file a claim every two weeks while away from the office.
2. If the amount of my processed travel claim is greater than the amount advanced, the Department will reimburse the difference to me.
3. If the amount of my travel is less than the advance, I agree to promptly pay the difference to the Department.
4. I am responsible for reconciling my travel advances to my travel claims.
5. In accordance with NRS 281.173, I agree that an advance constitutes a lien upon my accrued wages and I consent to having my pay withheld, if my account balance becomes more than 90 days past due or upon termination from the Dept. of Agriculture.

Employee Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____